

SERFF Tracking Number:	AOIC-125789675	State:	Arkansas
Filing Company:	Auto-Owners Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	GAR-AR-01-09/02/2008-79185		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0002 Garage
Product Name:	Garage Liability/Dealers Blanket		
Project Name/Number:	GAR/79185 GAR		

Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Garage Liability/Dealers Blanket SERFF Tr Num: AOIC-125789675 State: Arkansas

TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 20.0002 Garage Co Tr Num: GAR-AR-01-09/02/2008-79185 State Status: Fees verified and received

Filing Type: Form Co Status: Pending Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Claudia Stewart, Jessica Turner Disposition Date: 09/03/2008

Date Submitted: 09/02/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New): 09/03/2008

Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 09/03/2008

State Filing Description:

General Information

Project Name: GAR

Project Number: 79185 GAR

Reference Organization:

Reference Title:

Filing Status Changed: 09/03/2008

State Status Changed: 09/03/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: AUTO-OWNERS INSURANCE COMPANY NAIC # 280-18988

FORM FILING: LIST ATTACHED

Submitted for your approval is the attached list of forms. Forms are submitted in final printed copy.

Forms Attach To:

Garage Liability Coverage

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>AOIC-125789675</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>GAR-AR-01-09/02/2008-79185</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0002 Garage</i>
<i>Product Name:</i>	<i>Garage Liability/Dealers Blanket</i>		
<i>Project Name/Number:</i>	<i>GAR/79185 GAR</i>		

If you have any questions please feel free to contact my associate Kasey Henderson at henderson.kasey@aoins.com or me as indicated below.

Thank you.

JENNIFER HAMILTON, ASSISTANT MANAGER
GARAGE LIABILITY AND DEALER'S BLANKET
HAMILTON.JENNIFER@AOINS.COM (emails without attachments)
commlinesund@aoins.net (emails with attachments)
perslinesund@aoins.net (emails with attachments)
517-391-1026

Company and Contact

Filing Contact Information

Jennifer Hamilton, Assistant Manager	hamilton.jennifer@aoins.com
P. O. Box 30660	(800) 346-0346 [Phone]
Lansing, MI 48909-8160	(517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company	CoCode: 18988	State of Domicile: Michigan
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-0315280	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	09/02/2008	22234010

<i>SERFF Tracking Number:</i>	<i>AOIC-125789675</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Garage Liability/Dealers Blanket</i>		
<i>Project Name/Number:</i>	<i>GAR/79185 GAR</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/03/2008	09/03/2008

<i>SERFF Tracking Number:</i>	<i>AOIC-125789675</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GAR-AR-01-09/02/2008-79185</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0002 Garage</i>
<i>Product Name:</i>	<i>Garage Liability/Dealers Blanket</i>		
<i>Project Name/Number:</i>	<i>GAR/79185 GAR</i>		

Disposition

Disposition Date: 09/03/2008

Effective Date (New): 09/03/2008

Effective Date (Renewal): 09/03/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AOIC-125789675	State:	Arkansas
Filing Company:	Auto-Owners Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	GAR-AR-01-09/02/2008-79185		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0002 Garage
Product Name:	Garage Liability/Dealers Blanket		
Project Name/Number:	GAR/79185 GAR		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Auto-Owners Garage Insurance Policy Jacket	Approved	Yes
Form	Auto-Owners Dealers Blanket Insurance Policy Jacket	Approved	Yes

SERFF Tracking Number:	AOIC-125789675	State:	Arkansas
Filing Company:	Auto-Owners Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	GAR-AR-01-09/02/2008-79185		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0002 Garage
Product Name:	Garage Liability/Dealers Blanket		
Project Name/Number:	GAR/79185 GAR		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Auto-Owners Garage Insurance Policy Jacket	79185	07-08	Policy/Coverage Replaced Form	Replaced Form #:43.70 79185 01-06 Previous Filing #:		79185 07-08.pdf
Approved	Auto-Owners Dealers Blanket Insurance Policy Jacket	79186	07-08	Policy/Coverage Replaced Form	Replaced Form #:43.70 79186 01-06 Previous Filing #:		79186 07-08.pdf

Garage Insurance Policy

Auto-Owners Insurance Company

POLICY NON-ASSESSABLE

This policy is non-assessable and the premium stated in the Declarations is the only premium you will be asked to pay.

PARTICIPATING

You will be entitled to an equitable participation in Company funds in excess of the amount required to pay expenses and all the losses or claims or other policy obligations incurred, together with the reserve and surplus funds required or permitted by law. A distribution will be made only in accordance with the decision of our Board of Directors acting under the insurance laws and under our charter.

NOTICE OF MEMBERSHIP AND ANNUAL MEETING

Because we are a mutual company this policy makes you a member of the Auto-Owners Insurance Company. You are entitled to vote, in person or by proxy, at all meetings. Our annual policyholder's meetings are held at our home office at Lansing, Michigan on the second Monday in May in each year at 10:00 A.M.

In witness whereof, we, the Auto-Owners Insurance Company, have caused this policy to be issued and to be duly signed by our President and Secretary.

Secretary

President

Dealers Blanket Insurance Policy

Auto-Owners Insurance Company

POLICY NON-ASSESSABLE

This policy is non-assessable and the premium stated in the Declarations is the only premium you will be asked to pay.

PARTICIPATING

You will be entitled to an equitable participation in Company funds in excess of the amount required to pay expenses and all the losses or claims or other policy obligations incurred, together with the reserve and surplus funds required or permitted by law. A distribution will be made only in accordance with the decision of our Board of Directors acting under the insurance laws and under our charter.

NOTICE OF MEMBERSHIP AND ANNUAL MEETING

Because we are a mutual company this policy makes you a member of the Auto-Owners Insurance Company. You are entitled to vote, in person or by proxy, at all meetings. Our annual policyholder's meetings are held at our home office at Lansing, Michigan on the second Monday in May in each year at 10:00 A.M.

In witness whereof, we, the Auto-Owners Insurance Company, have caused this policy to be issued and to be duly signed by our President and Secretary.

Secretary

President

<i>SERFF Tracking Number:</i>	<i>AOIC-125789675</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Product Name:</i>	<i>Garage Liability/Dealers Blanket</i>		
<i>Project Name/Number:</i>	<i>GAR/79185 GAR</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AOIC-125789675</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GAR-AR-01-09/02/2008-79185</i>		
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<i>Product Name:</i>	<i>Garage Liability/Dealers Blanket</i>		
<i>Project Name/Number:</i>	<i>GAR/79185 GAR</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	09/03/2008
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Comments:

Attachment:

79185 Transmittal.pdf

Satisfied -Name:	Explanatory Memo	Review Status:	Approved	09/03/2008
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Comments:

Attachment:

79185 Exp Memo.pdf

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	AUTO-OWNERS INSURANCE GROUP COMPANY				Group NAIC #
					280
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280		

5. Company Tracking Number	GLDB-AR-01-09/02/2008-79185
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jennifer Hamilton P.O. Box 30660Lansing, MI 48909-8160	Assistant Manager	517-391-1026	517- 391-1903	HAMILTON.JENNIFER@AOINS.COM
7. Signature of authorized filer				
8. Please print name of authorized filer		Jennifer Hamilton		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0002 Garage
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Garage Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: On Approval Renewal: On Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	September 02, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	GLDB-AR-01-09/02/2008-79185
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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RE: AUTO-OWNERS INSURANCE COMPANY NAIC # 280-18988
FORM FILING: LIST ATTACHED
Submitted for your approval is the attached list of forms. Forms are submitted in final printed copy.
Forms Attach To:
Garage Liability Coverage
If you have any questions please feel free to contact my associate Kasey Henderson at henderson.kasey@aoins.com or me as indicated below.
Thank you.
JENNIFER HAMILTON, ASSISTANT MANAGER
GARAGE LIABILITY AND DEALER'S BLANKET
HAMILTON.JENNIFER@AOINS.COM (emails without attachments)
commlinesund@aoins.net (emails with attachments)
perslinesund@aoins.net (emails with attachments)
517-391-1026

[View Complete Filing Description](#)

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: \$50.00

Amount: EFT

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	GLDB-AR-01-09/02/2008-79185
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Auto-Owners Garage Insurance Policy Jacket	79185 07-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	79185 01-06	
02	Auto-Owners Dealers Blanket Insurance Policy Jacket	79186 07-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	79186 01-06	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1. This filing transmittal is part of Company Tracking #	GLDB-AR-01-09/02/2008-79185
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2. This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a. Rate Change by Company (As Proposed)

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b. Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6. Overall percentage of last rate revision	
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7. Effective Date of last rate revision	
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8. Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**AUTO-OWNERS INSURANCE COMPANY
FORMS AND ENDORSEMENTS**

Form Number	Edition Date	Replaced Form	Replaced Edition Date	Form Name
79185	(07-08)	79185	(01-06)	Auto-Owners Garage Insurance Policy Jacket
USE	Cover Sheet that goes with the Garage Liability Coverage form.			
CHANGE	We are removing the "Dynamic Data" (Officer Signature Line) from the filed copy only. This will eliminate the necessity to re-file the form each time we change officers. The content of the text has not changed. A new edition date has been assigned.			
79186	(07-08)	79186	(01-06)	Auto-Owners Dealers Blanket Insurance Policy Jacket
USE	Cover sheet that goes with the Dealer's Blanket Coverage form.			
CHANGE	We are removing the "Dynamic Data" (Officer Signature Line) from the filed copy only. This will eliminate the necessity to re-file the form each time we change officers. The content of the text has not changed. A new edition date has been assigned.			

